

**BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

SHANDA JO TURNIDGE  
6341 Edgefield Street  
Lakewood, CA 90713  
Registered Nurse License No. 436911

Respondent.

Case No. 2007-320

OAH No. L-2007080269

**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective on April 25, 2008.  
It is so ORDERED March 27, 2008.

*LaTranene W Tate*

\_\_\_\_\_  
FOR THE BOARD OF REGISTERED NURSING

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 MARC D. GREENBAUM  
Supervising Deputy Attorney General  
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10 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

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Registered Nurse License No. 436911  
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Respondent.  
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Case No. 2007-320

OAH No. L-2007080269

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
19 above-entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Ruth Ann Terry, M.P.H, R.N (Complainant) is the Executive Officer of  
22 the Board of Registered Nursing. She brought this action solely in her official capacity and is  
23 represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California,  
24 by Anne Hunter, Deputy Attorney General.

25 2. Respondent Shanda Jo Turnidge is representing herself in this proceeding  
26 and has chosen not to exercise her right to be represented by counsel.

27 3. On or about March 31, 1989, the Board of Registered Nursing (Board)  
28 issued Registered Nurse License No. 436911 to respondent Shanda Jo Turnidge. The license was

1 in full force and effect at all times relevant to the charges brought in Accusation No. 2007-320  
2 and will expire on November 30, 2008, unless renewed.

3 **JURISDICTION**

4 4. Accusation No. 2007-320 was filed before the Board, and is currently  
5 pending against respondent. The accusation and all other statutorily required documents were  
6 properly served on respondent on July 10, 2007. Respondent timely filed her Notice of Defense  
7 contesting the accusation. A copy of Accusation No. 2007-320 is attached as exhibit A and  
8 incorporated herein by reference.

9 **ADVISEMENT AND WAIVERS**

10 5. Respondent has carefully read, and understands the charges and allegations  
11 in Accusation No. 2007-320. Respondent has also carefully read, and understands the effects of  
12 this Stipulated Settlement and Disciplinary Order.

13 6. Respondent is fully aware of her legal rights in this matter, including the  
14 right to a hearing on the charges and allegations in the Accusation; the right to be represented by  
15 counsel at her own expense; the right to confront and cross-examine the witnesses against her;  
16 the right to present evidence and to testify on her own behalf; the right to the issuance of  
17 subpoenas to compel the attendance of witnesses and the production of documents; the right to  
18 reconsideration and court review of an adverse decision; and all other rights accorded by the  
19 California Administrative Procedure Act and other applicable laws.

20 7. Respondent voluntarily, knowingly, and intelligently waives and gives up  
21 each and every right set forth above.

22 **CULPABILITY**

23 8. Respondent admits the truth of each and every charge and allegation in  
24 Accusation No. 2007-320.

25 9. Respondent agrees that her Registered Nurse License No. 436911 is  
26 subject to discipline and she agrees to be bound by the Board's imposition of discipline as set  
27 forth in the Disciplinary Order below.

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1                   **Severability Clause.** Each condition of probation contained herein is a separate  
2 and distinct condition. If any condition of this Order, or any application thereof, is declared  
3 unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other  
4 applications thereof, shall not be affected. Each condition of this Order shall separately be valid  
5 and enforceable to the fullest extent permitted by law.

6                   1.       **Obey All Laws.** Respondent shall obey all federal, state and local laws.  
7 A full and detailed account of any and all violations of law shall be reported by respondent to the  
8 Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of  
9 compliance with this condition, respondent shall submit completed fingerprint forms and  
10 fingerprint fees within 45 days of the effective date of the decision, unless previously submitted  
11 as part of the licensure application process.

12                   **Criminal Court Orders:** If respondent is under criminal court orders, including  
13 probation or parole, and the order is violated, this shall be deemed a violation of these probation  
14 conditions, and may result in the filing of an accusation and/or petition to revoke probation.

15                   2.       **Comply with the Board's Probation Program.** Respondent shall fully  
16 comply with the conditions of the Probation Program established by the Board and cooperate  
17 with representatives of the Board in its monitoring and investigation of the respondent's  
18 compliance with the Board's Probation Program. Respondent shall inform the Board in writing  
19 within no more than 15 days of any address change and shall at all times maintain an active,  
20 current license status with the Board, including during any period of suspension.

21                   Upon successful completion of probation, respondent's license shall be fully  
22 restored.

23                   3.       **Report in Person.** Respondent, during the period of probation, shall  
24 appear in person at interviews/meetings as directed by the Board or its designated  
25 representatives.

26                   4.       **Residency, Practice, or Licensure Outside of State.** Periods of  
27 residency or practice as a registered nurse outside of California shall not apply toward a reduction  
28 of this probation time period. Respondent's probation is tolled, if and when she resides outside

1 of California. Respondent must provide written notice to the Board within 15 days of any change  
2 of residency or practice outside the state, and within 30 days prior to re-establishing residency or  
3 returning to practice in this state.

4 Respondent shall provide a list of all states and territories where she has ever been  
5 licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further  
6 provide information regarding the status of each license and any changes in such license status  
7 during the term of probation. Respondent shall inform the Board if she applies for or obtains a  
8 new nursing license during the term of probation.

9 5. **Submit Written Reports.** Respondent, during the period of probation,  
10 shall submit or cause to be submitted such written reports/declarations and verification of actions  
11 under penalty of perjury, as required by the Board. These reports/declarations shall contain  
12 statements relative to respondent's compliance with all the conditions of the Board's Probation  
13 Program. Respondent shall immediately execute all release of information forms as may be  
14 required by the Board or its representatives.

15 Respondent shall provide a copy of this Decision to the nursing regulatory agency  
16 in every state and territory in which she has a registered nurse license.

17 6. **Function as a Registered Nurse.** Respondent, during the period of  
18 probation, shall engage in the practice of registered nursing in California for a minimum of 24  
19 hours per week for 6 consecutive months or as determined by the Board.

20 For purposes of compliance with the section, "engage in the practice of registered  
21 nursing" may include, when approved by the Board, volunteer work as a registered nurse, or  
22 work in any non-direct patient care position that requires licensure as a registered nurse.

23 The Board may require that advanced practice nurses engage in advanced practice  
24 nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the  
25 Board.

26 If respondent has not complied with this condition during the probationary term,  
27 and respondent has presented sufficient documentation of her good faith efforts to comply with  
28 this condition, and if no other conditions have been violated, the Board, in its discretion, may

1 grant an extension of respondent's probation period up to one year without further hearing in  
2 order to comply with this condition. During the one year extension, all original conditions of  
3 probation shall apply.

4           7.       **Employment Approval and Reporting Requirements.** Respondent  
5 shall obtain prior approval from the Board before commencing or continuing any employment,  
6 paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all  
7 performance evaluations and other employment related reports as a registered nurse upon request  
8 of the Board.

9           Respondent shall provide a copy of this Decision to her employer and immediate  
10 supervisors prior to commencement of any nursing or other health care related employment.

11           In addition to the above, respondent shall notify the Board in writing within  
12 seventy-two (72) hours after she obtains any nursing or other health care related employment.  
13 Respondent shall notify the Board in writing within seventy-two (72) hours after she is  
14 terminated or separated, regardless of cause, from any nursing, or other health care related  
15 employment with a full explanation of the circumstances surrounding the termination or  
16 separation.

17           8.       **Supervision.** Respondent shall obtain prior approval from the Board  
18 regarding respondent's level of supervision and/or collaboration before commencing or  
19 continuing any employment as a registered nurse, or education and training that includes patient  
20 care.

21           Respondent shall practice only under the direct supervision of a registered nurse  
22 in good standing (no current discipline) with the Board of Registered Nursing, unless alternative  
23 methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician)  
24 are approved.

25           Respondent's level of supervision and/or collaboration may include, but is not  
26 limited to the following:

27           (a)       Maximum - The individual providing supervision and/or collaboration is  
28 present in the patient care area or in any other work setting at all times.

1 (b) Moderate - The individual providing supervision and/or collaboration is in  
2 the patient care unit or in any other work setting at least half the hours respondent works.

3 (c) Minimum - The individual providing supervision and/or collaboration has  
4 person-to-person communication with respondent at least twice during each shift worked.

5 (d) Home Health Care - If respondent is approved to work in the home health  
6 care setting, the individual providing supervision and/or collaboration shall have person-to-  
7 person communication with respondent as required by the Board each work day. Respondent  
8 shall maintain telephone or other telecommunication contact with the individual providing  
9 supervision and/or collaboration as required by the Board during each work day. The individual  
10 providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-  
11 site visits to patients' homes visited by respondent with or without respondent present.

12 9. **Employment Limitations.** Respondent shall not work for a nurse's  
13 registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a  
14 traveling nurse, or for an in-house nursing pool.

15 Respondent shall not work for a licensed home health agency as a visiting nurse  
16 unless the registered nursing supervision and other protections for home visits have been  
17 approved by the Board. Respondent shall not work in any other registered nursing occupation  
18 where home visits are required.

19 Respondent shall not work in any health care setting as a supervisor of registered  
20 nurses. *The Board may additionally restrict respondent from supervising licensed vocational*  
21 *nurses and/or unlicensed assistive personnel on a case-by-case basis.*

22 Respondent shall not work as a faculty member in an approved school of nursing  
23 or as an instructor in a Board approved continuing education program.

24 Respondent shall work only on a regularly assigned, identified and predetermined  
25 worksite(s) and shall not work in a float capacity.

26 If respondent is working or intends to work in excess of 40 hours per week, the  
27 Board may request documentation to determine whether there should be restrictions on the hours  
28 of work.

1                   10.     **Complete a Nursing Course(s).** Respondent, at her own expense, shall  
2 enroll and successfully complete a course(s) relevant to the practice of registered nursing no later  
3 than six months prior to the end of her probationary term.

4                   Respondent shall obtain prior approval from the Board before enrolling in the  
5 course(s). Respondent shall submit to the Board the original transcripts or certificates of  
6 completion for the above required course(s). The Board shall return the original documents to  
7 respondent after photocopying them for its records.

8                   11.     **Cost Recovery.** Respondent shall pay to the Board costs associated with  
9 its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the  
10 amount of \$4964.00. Respondent shall be permitted to pay these costs in a payment plan  
11 approved by the Board, with payments to be completed no later than three months prior to the  
12 end of the probation term.

13                   If respondent has not complied with this condition during the probationary term,  
14 *and respondent has presented sufficient documentation of her good faith efforts to comply with*  
15 *this condition, and if no other conditions have been violated, the Board, in its discretion, may*  
16 *grant an extension of respondent's probation period up to one year without further hearing in*  
17 *order to comply with this condition. During the one year extension, all original conditions of*  
18 *probation will apply.*

19                   12.     **Violation of Probation.** If respondent violates the conditions of her  
20 probation, the Board after giving respondent notice and an opportunity to be heard, may set  
21 aside the stay order and impose the stayed discipline (revocation/suspension) of respondent's  
22 license.

23                   If during the period of probation, an accusation or petition to revoke probation has  
24 been filed against respondent's license or the Attorney General's Office has been requested to  
25 prepare an accusation or petition to revoke probation against respondent's license, the  
26 probationary period shall automatically be extended and shall not expire until the accusation or  
27 petition has been acted upon by the Board.

28                   13.     **License Surrender.** During respondent's term of probation, if she ceases

1 practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of  
2 probation, respondent may surrender her license to the Board. The Board reserves the right to  
3 evaluate respondent's request and to exercise its discretion whether to grant the request, or to  
4 take any other action deemed appropriate and reasonable under the circumstances, without  
5 further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent  
6 will no longer be subject to the conditions of probation.

7 Surrender of respondent's license shall be considered a disciplinary action and  
8 shall become a part of respondent's license history with the Board. A registered nurse whose  
9 license has been surrendered may petition the Board for reinstatement no sooner than the  
10 following minimum periods from the effective date of the disciplinary decision:

11 (1) Two years for reinstatement of a license that was surrendered for any  
12 reason other than a mental or physical illness; or

13 (2) One year for a license surrendered for a mental or physical illness.

14 14. **Physical Examination.** Within 45 days of the effective date of this  
15 Decision, respondent, at her expense, shall have a licensed physician, nurse practitioner, or  
16 physician assistant, who is approved by the Board before the assessment is performed, submit an  
17 assessment of the respondent's physical condition and capability to perform the duties of a  
18 registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If  
19 medically determined, a recommended treatment program will be instituted and followed by the  
20 respondent with the physician, nurse practitioner, or physician assistant providing written reports  
21 to the Board on forms provided by the Board.

22 If respondent is determined to be unable to practice safely as a registered nurse,  
23 the licensed physician, nurse practitioner, or physician assistant making this determination shall  
24 immediately notify the Board and respondent by telephone, and the Board shall request that the  
25 Attorney General's office prepare an accusation or petition to revoke probation. Respondent  
26 shall immediately cease practice and shall not resume practice until notified by the Board.

27 During this period of suspension, respondent shall not engage in any practice for which a license  
28 issued by the Board is required until the Board has notified respondent that a medical

1 determination permits respondent to resume practice. This period of suspension will not apply to  
2 the reduction of this probationary time period.

3           If respondent fails to have the above assessment submitted to the Board within the  
4 45-day requirement, respondent shall immediately cease practice and shall not resume practice  
5 until notified by the Board. This period of suspension will not apply to the reduction of this  
6 probationary time period. The Board may waive or postpone this suspension only if significant,  
7 documented evidence of mitigation is provided. Such evidence must establish good faith efforts  
8 by respondent to obtain the assessment, and a specific date for compliance must be provided.  
9 Only one such waiver or extension may be permitted.

10           **15. Participate in Treatment/Rehabilitation Program for Chemical**  
11 **Dependence.** Respondent, at her expense, shall successfully complete during the probationary  
12 period or shall have successfully completed prior to commencement of probation a Board-  
13 approved treatment/rehabilitation program of at least six months duration. As required, reports  
14 shall be submitted by the program on forms provided by the Board. If respondent has not  
15 completed a Board-approved treatment/rehabilitation program prior to commencement of  
16 probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in  
17 a program. If a program is not successfully completed within the first nine months of probation,  
18 the Board shall consider respondent in violation of probation.

19           Based on Board recommendation, each week respondent shall be required to  
20 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics  
21 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed  
22 by the Board. If a nurse support group is not available, an additional 12-step meeting or  
23 equivalent shall be added. Respondent shall submit dated and signed documentation confirming  
24 such attendance to the Board during the entire period of probation. Respondent shall continue  
25 with the recovery plan recommended by the treatment/rehabilitation program or a licensed  
26 mental health examiner and/or other ongoing recovery groups.

27           **16. Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent  
28 shall completely abstain from the possession, injection or consumption by any route of all

1 controlled substances and all psychotropic (mood altering) drugs, including alcohol, except when  
2 the same are ordered by a health care professional legally authorized to do so as part of  
3 documented medical treatment. Respondent shall have sent to the Board, in writing and within  
4 fourteen (14) days, by the prescribing health professional, a report identifying the medication,  
5 dosage, the date the medication was prescribed, the respondent's prognosis, the date the  
6 medication will no longer be required, and the effect on the recovery plan, if appropriate.

7           Respondent shall identify for the Board a single physician, nurse practitioner or  
8 physician assistant who shall be aware of respondent's history of substance abuse and will  
9 coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled  
10 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician  
11 assistant shall report to the Board on a quarterly basis respondent's compliance with this  
12 condition. If any substances considered addictive have been prescribed, the report shall identify a  
13 program for the time limited use of any such substances.

14           The Board may require the single coordinating physician, nurse practitioner, or  
15 physician assistant to be a specialist in addictive medicine, or to consult with a specialist in  
16 addictive medicine.

17           **17. Submit to Tests and Samples.** Respondent, at her expense, shall  
18 participate in a random, biological fluid testing or a drug screening program which the Board  
19 approves. The length of time and frequency will be subject to approval by the Board.  
20 Respondent is responsible for keeping the Board informed of Respondent's current telephone  
21 number at all times. Respondent shall also ensure that messages may be left at the telephone  
22 number when she is not available and ensure that reports are submitted directly by the testing  
23 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately  
24 to the Board by the program and Respondent shall be considered in violation of probation.

25           In addition, respondent, at any time during the period of probation, shall fully  
26 cooperate with the Board or any of its representatives, and shall, when requested, submit to such  
27 tests and samples as the Board or its representatives may require for the detection of alcohol,  
28 narcotics, hypnotics, dangerous drugs, or other controlled substances.

1           If respondent has a positive drug screen for any substance not legally authorized  
2 and not reported to the coordinating physician, nurse practitioner, or physician assistant, the  
3 respondent shall immediately cease practice and shall not resume practice until notified by the  
4 Board. After taking into account documented evidence of mitigation, if the Board files a petition  
5 to revoke probation or an accusation, the Board may suspend respondent from practice pending  
6 the final decision on the petition to revoke probation or the accusation. This period of  
7 suspension will not apply to the reduction of this probationary time period.

8           If respondent fails to participate in a random, biological fluid testing or drug  
9 screening program within the specified time frame, Respondent shall immediately cease practice  
10 and shall not resume practice until notified by the Board. After taking into account documented  
11 evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the  
12 Board may suspend respondent from practice pending the final decision on the petition to revoke  
13 probation or the accusation. This period of suspension will not apply to the reduction of this  
14 probationary time period.

15           **18. Mental Health Examination.** Respondent shall, within 45 days of the  
16 effective date of this Decision, have a mental health examination including psychological testing  
17 as appropriate to determine her capability to perform the duties of a registered nurse. The  
18 examination will be performed by a psychiatrist, psychologist or other licensed mental health  
19 practitioner approved by the Board. The examining mental health practitioner will submit a  
20 written report of that assessment and recommendations to the Board. All costs are the  
21 responsibility of respondent. Recommendations for treatment, therapy or counseling made as a  
22 result of the mental health examination will be instituted and followed by respondent.

23           If respondent is determined to be unable to practice safely as a registered nurse,  
24 the licensed mental health care practitioner making this determination shall immediately notify  
25 the Board and respondent by telephone, and the Board shall request that the Attorney General's  
26 office prepare an accusation or petition to revoke probation. Respondent shall immediately cease  
27 practice and may not resume practice until notified by the Board. During this period of  
28 suspension, respondent shall not engage in any practice for which a license issued by the Board is

1 required, until the Board has notified respondent that a mental health determination permits  
2 respondent to resume practice. This period of suspension will not apply to the reduction of this  
3 probationary time period.

4 If respondent fails to have the above assessment submitted to the Board within the  
5 45-day requirement, respondent shall immediately cease practice and shall not resume practice  
6 until notified by the Board. This period of suspension will not apply to the reduction of this  
7 probationary time period. The Board may waive or postpone this suspension only if significant,  
8 documented evidence of mitigation is provided. Such evidence must establish good faith efforts  
9 by respondent to obtain the assessment, and a specific date for compliance must be provided.  
10 Only one such waiver or extension may be permitted.

11 19. **Therapy or Counseling Program.** Respondent, at her expense, shall  
12 participate in an on-going counseling program until such time as the Board releases her from this  
13 requirement and only upon the recommendation of the counselor. Written progress reports from  
14 the counselor will be required at various intervals.

15  
16 **ACCEPTANCE**

17 I have carefully read the Stipulated Settlement and Disciplinary Order. I  
18 understand the stipulation and the effect it will have on my Registered Nurse License. I enter  
19 into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently,  
20 and agree to be bound by the Decision and Order of the Board of Registered Nursing.

21 DATED: 1/16/08

22  
23 Shanda Jo Turnidge  
24 SHANDA JO TURNIDGE  
Respondent

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1 **ENDORSEMENT**

2 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
3 submitted for consideration by the Board of Registered Nursing, Department of Consumer  
4 Affairs, State of California.

5  
6 DATED: Apr. 18, 2008

7 EDMUND G. BROWN JR., Attorney General  
8 of the State of California

9 MARC D. GREENBAUM  
10 Supervising Deputy Attorney General

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12 ANNE HUNTER  
13 Deputy Attorney General

14 Attorneys for Complainant

15 DOJ Matter ID: LA2006601143  
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**Exhibit A**  
**Accusation No. 2007-320**

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 MARC D. GREENBAUM  
Supervising Deputy Attorney General  
3 ANNE HUNTER, State Bar No. 136982  
Deputy Attorney General  
4 California Department of Justice  
300 So. Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 897-2114  
6 Facsimile: (213) 897-2804

7 Attorneys for Complainant

8  
9 **BEFORE THE**  
10 **BOARD OF REGISTERED NURSING**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2007-320

13 SHANDA JO TURNIDGE  
6341 Edgefield Street  
14 Lakewood, CA 90713

**ACCUSATION**

15 Registered Nurse License No. 436911

16 Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

20 1. Complainant Ruth Ann Terry, M.P.H., R.N., brings this Accusation solely  
21 in her official capacity as the Executive Officer of the Board of Registered Nursing, Department  
22 of Consumer Affairs (Board).

23 2. On or about March 31, 1989, the Board issued Registered Nurse License  
24 Number 436911 to respondent Shanda Jo Turnidge. The Registered Nurse License was in full  
25 force and effect at all times relevant to the charges brought herein and will expire on November  
26 30, 2008, unless renewed.

27 **JURISDICTION**

28 3. This Accusation is brought before the Board of Registered Nursing

1 (Board), Department of Consumer Affairs, under the authority of the following laws. All section  
2 references are to the Business and Professions Code unless otherwise indicated.

### 3 STATUTORY AND REGULATORY PROVISIONS

4 4. Section 2750 of the Business and Professions Code (Code) provides, in  
5 pertinent part, that the Board may discipline any licensee, including a licensee holding a  
6 temporary or an inactive license, for any reason provided in Article 3 (commencing with section  
7 2750) of the Nursing Practice Act.

8 5. Section 2764 of the Code provides, in pertinent part, that the expiration of  
9 a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding  
10 against the licensee or to render a decision imposing discipline on the license. Under section  
11 2811, subdivision (b), of the Code, the Board may renew an expired license at any time within  
12 eight years after the expiration.

13 6. Section 2761 of the Code states:

14 "The board may take disciplinary action against a certified or licensed nurse or  
15 deny an application for a certificate or license for any of the following:

16 "(a) Unprofessional conduct, which includes, but is not limited to, the following:

17 "(1) Incompetence, or gross negligence in carrying out usual certified or licensed  
18 nursing functions."

19 "..."

20 "(d) Violating or attempting to violate, directly or indirectly, or assisting in or  
21 abetting the violating of, or conspiring to violate any provision or term of this chapter [the  
22 Nursing Practice Act] or regulations adopted pursuant to it."

23 7. Section 2762 of the Code states:

24 "In addition to other acts constituting unprofessional conduct within the meaning  
25 of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed  
26 under this chapter to do any of the following:

27 "(a) Obtain or possess in violation of law, or prescribe, or except as directed by a  
28 licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish

1 or administer to another, any controlled substance as defined in Division 10 (commencing with  
2 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as  
3 defined in Section 4022.

4 “(b) Use any controlled substance as defined in Division 10 (commencing with  
5 Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as  
6 defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or  
7 injurious to himself or herself, any other person, or the public or to the extent that such use  
8 impairs his or her ability to conduct with safety to the public the practice authorized by his or her  
9 license.

10 “. . .”

11 “(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible  
12 entries in any hospital, patient, or other record pertaining to the substances described in  
13 subdivision (a) of this section.”

14 8. Health and Safety Code section 11170 states:

15 “No person shall prescribe, administer, or furnish a controlled substance for  
16 himself.”

17 9. Health and Safety Code section 11171 states:

18 “No person shall prescribe, administer, or furnish a controlled substance except  
19 under the conditions and in the manner provided by this division.”

20 10. Health and Safety Code section 11173, subdivision (a) states:

21 “No person shall obtain or attempt to obtain controlled substances, or procure or  
22 attempt to procure the administration of or prescription for controlled substances, (1) by fraud,  
23 deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.”

24 11. California Code of Regulations, title 16, section 1442, states:

25 “As used in Section 2761 of the code, 'gross negligence' includes an extreme  
26 departure from the standard of care which, under similar circumstances, would have ordinarily  
27 been exercised by a competent registered nurse. Such an extreme departure means the repeated  
28 failure to provide nursing care as required or failure to provide care or to exercise ordinary

1 precaution in a single situation which the nurse knew, or should have known, could have  
2 jeopardized the client's health or life."

3 12. California Code of Regulations, title 16, section 1443, states:

4 "As used in Section 2761 of the code, 'incompetence' means the lack of possession  
5 of or the failure to exercise that degree of learning, skill, care and experience ordinarily possessed  
6 and exercised by a competent registered nurse as described in Section 1443.5."

7 13. California Code of Regulations, title 16, section 1443.5 states:

8 "A registered nurse shall be considered to be competent when he/she consistently  
9 demonstrates the ability to transfer scientific knowledge from social, biological and physical  
10 sciences in applying the nursing process, as follows:

11 "(1) Formulates a nursing diagnosis through observation of the client's physical  
12 condition and behavior, and through interpretation of information obtained from the client and  
13 others, including the health team.

14 "(2) Formulates a care plan, in collaboration with the client, which ensures that  
15 direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and  
16 protection, and for disease prevention and restorative measures.

17 "(3) Performs skills essential to the kind of nursing action to be taken, explains  
18 the health treatment to the client and family and teaches the client and family how to care for the  
19 client's health needs.

20 "(4) Delegates tasks to subordinates based on the legal scopes of practice of the  
21 subordinates and on the preparation and capability needed in the tasks to be delegated, and  
22 effectively supervises nursing care being given by subordinates.

23 "(5) Evaluates the effectiveness of the care plan through observation of the  
24 client's physical condition and behavior, signs and symptoms of illness, and reactions to  
25 treatment and through communication with the client and health team members, and modifies the  
26 plan as needed.

27 "(6) Acts as the client's advocate, as circumstances require, by initiating action to  
28 improve health care or to change decisions or activities which are against the interests or wishes

1 of the client, and by giving the client the opportunity to make informed decisions about health  
2 care before it is provided."

3 14. Section 118, subdivision (b), of the Code provides that the suspension,  
4 expiration, surrender or cancellation of a license shall not deprive the Board of jurisdiction to  
5 proceed with a disciplinary action during the period within which the license may be renewed,  
6 restored, reissued or reinstated.

7 15. Section 125.3 of the Code provides, in pertinent part, that the Board may  
8 request the administrative law judge to direct a licensee found to have committed a violation or  
9 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation  
10 and enforcement of the case.

11 16. **CONTROLLED SUBSTANCES**

12 A. "Demerol" is a Schedule II controlled substance pursuant to Health and  
13 Safety Code section 11055, subdivision (c) (16), and a dangerous drug pursuant to Business and  
14 Professions Code section 4022. Demerol is a trade name for the narcotic substance Pethidine or  
15 Meperidine.

16 B. "Dilaudid," is brand name for hydromorphone hydrochloride, an opium  
17 derivative. It is a Schedule II controlled substance as designated by Health and Safety Code  
18 section 11055, subdivision (b)(1)(K), and is categorized as a "dangerous drug" pursuant to  
19 Business and Professions Code section 4022.

20 C. "Morphine/Morphine Sulfate" is a scheduled II controlled substance  
21 pursuant to Health and Safety Code section 11055, subdivision (b)(1) (M), and a dangerous drug  
22 pursuant to Business and Professions Code section 4022.

23 17. **DANGEROUS DRUGS**

24 A. "Phenergan," a trade name for Promethazine HCL, is a prescription drug,  
25 which possesses anti-histaminic, sedative, anti-motion sickness, anti-emetic, and anti-cholinergic  
26 effects.

27 B. "Vistaril," a trade name for Hydroxyzine Hydrochloride, is a prescription  
28 \\\

1 drug used for the symptomatic relief of anxiety and tension associated with psychoneurosis and  
2 as an adjunct in organic disease states in which anxiety is manifested.

### 3 MEDICATION DISPENSING SYSTEM

4 A. SureMed is an automated single-unit dose medication dispensing system  
5 that records information such as patient name, physician orders, date and time medication was  
6 withdrawn, and the name of the licensed individual who withdrew and administered the  
7 medication.

### 8 FIRST CAUSE FOR DISCIPLINE

#### 9 **(Obtained or Possessed Controlled Substances by Fraud or Deceit)**

10 18. Respondent is subject to disciplinary action under Code section 2761,  
11 subdivision (a), for unprofessional conduct, as defined in section 2762, subdivision (a)(obtaining  
12 or possessing controlled substances by fraud and deceit in violation of Health and Safety Code  
13 section 11173, subdivision (a).) The circumstances are as follows:

14 19. On June 16, 2003, the Board received a complaint from Los Alamitos  
15 Medical Center [LAMC], located at 3751 Katella Ave., Los Alamitos, CA., 90720, stating that  
16 respondent Shanda Jo Turnidge, was discharged from employment there on June 11, 2003, for  
17 allegedly removing medications without physician orders and for failing to document wastage of  
18 the medications. On June 2, 2003, three staff members reported to LAMC that respondent had  
19 displayed erratic behavior while working in the emergency services department and had remained  
20 in the facility for approximately 5 hours after her shift ended. Respondent appeared extremely  
21 drowsy and was observed in the medication room placing syringes in her pocket. Medication  
22 discrepancies were found in SureMed under respondent's name and pass code.

23 20. On June 4, 2003, respondent's employment was suspended from LAMC  
24 and Lakewood Regional Medical Center [LRMC] when similar incidents with medication  
25 discrepancies appeared at both facilities. Respondent was discharged from employment at both  
26 facilities on June 11, 2003, when multiple occasions of similar incidents on different dates were  
27 discovered at both facilities. The following incidents were discovered at LAMC:

28 21. On April 29, 2003, at 2013 hours, respondent removed 50mg of Phenergan

1 for patient A. from the SureMed without physician orders.<sup>1</sup> Respondent made no entry in the  
2 patient's Medication Administration Record [MAR] and no entry in the Nursing notes that she  
3 administered 50 mg of Phenergan to the patient. There is no record that respondent wasted the  
4 50mg of Phenergan.

5           22. On May 4, 2003, at 2310 hours, and on May 5, 2003, at 0003 hours and at  
6 0127 hours, respondent removed vials of Dilaudid, 4mg each for patient B, for a total of 12mg.  
7 The physician order was for a total of 5mg Dilaudid. Respondent charted that she gave the  
8 patient a total of 5mg Dilaudid on May 5, 2003. She did not record giving the patient or wasting  
9 the remaining 7mg of Dilaudid.

10           23. On June 1, 2003, at 2022 hours, respondent removed 50mg Phenergan  
11 from the SureMed for patient C. without physician orders. She did not record in either the MAR  
12 or the Nursing Notes that she administered the 50mg of Phenergan to the patient. There is no  
13 record that respondent wasted the 50mg of Phenergan.

14           24. On June 1, 2003, at 2312 hours, respondent removed 50mg Phenergan for  
15 patient D from the SureMed without physician orders. She did not record in either the MAR or  
16 the Nursing Notes that she administered the 50mg of Phenergan to the patient. There is no  
17 record that respondent wasted the 50mg of Phenergan.

18           25. On June 2, 2003, at 0450 hours, respondent removed a 10mg/ml syringe  
19 of Morphine for patient E. Respondent charted on the MAR "MS 4mg" at 0430 hours and "MS  
20 4mg" with no time indicated for a total of 8mg. The physician order was for one dose or 2mg of  
21 Morphine. Respondent did not chart any wastage.

22           26. On June 2, 2003, at 0306 hours, respondent removed Vistaril 100mg/ml  
23 for patient F without physician orders. Respondent did not record in the MAR or in the Nursing  
24 notes that she administered Vistaril to the patient. There is no record of respondent wasting the  
25 100mg of Vistaril.

26           27. On June 2, 2003, at 0533 hours, respondent removed, without physician  
27

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28           1. For privacy reasons the patients are identified by letter only.

orders and approximately 23 minutes after the patient had been discharged, 50mg Phenergan for patient G. Respondent did not record in the MAR or in the Nursing notes that she administered Phenergan to the patient. There is no record of respondent wasting the 50mg of Phenergan.

28. On June 2, 2003, at 1223 hours, respondent removed, without physician orders, 50mg Phenergan for patient H. She did not record in either the MAR or the Nursing Notes that she administered the 50mg of Phenergan to the patient. There is no record that respondent wasted the 50mg of Phenergan. In addition, this patient was not an ER patient; he was an out-patient in the Occupational Therapy clinic.

29. The SureMed and patient records from Lakewood Regional Medical Center used in part to substantiate respondent's discharge from LAMC could not be located when the Board's investigation was being conducted.

## **SECOND CAUSE FOR DISCIPLINE**

### ***(Dangerous Use of a Controlled Substance)***

30. Respondent's license is subject to disciplinary action under Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined in section 2762, subdivision (b), for violating Health and Safety Code section 11170 and 11171, in that while employed as a registered nurse at LAMC, respondent used a controlled substance, as follows:

a. On or about June 2, 2003, while still on duty at LAMC, several staff members reported that respondent was very drowsy, had droopy eyelids, nearly fell asleep in the middle of conversations with staff, was observed going into the medication room and putting syringes in her pocket, expressed concern that staff were talking about her, had difficulty completing her charting, and stayed in the ER approximately 5 hours after her shift had ended.:

b. On May 25, 2004, respondent consented to a drug screen. The laboratory reported that respondent's urine sample tested positive for Hydromorphone (Dilaudid) and Meperidine ((Demerol).

c. On or about July 1, 2004, when confronted with the drug screen results, respondent asserted that she had a prescription for Norco (Hydromorphone). However, she refused to sign a consent to release her medical records or to produce a copy of the prescription.

1 In addition, respondent claimed she had been prescribed Demerol on May 14, 2004. According  
2 to a toxicologist at the laboratory where respondent's urine sample was tested, Demerol would  
3 not have remained in respondent's system for longer than 48 hours. Respondent's medical  
4 records revealed that she received a Demerol injection at UCI on May 14, 2004. The urine  
5 sample was drawn on May 25, 2004, more than 10 days later.

6 d. On May 24, 2004, respondent told the investigator she has never abused  
7 drugs.

### 8 **THIRD CAUSE FOR DISCIPLINE**

#### 9 **(False Records)**

10 31. Respondent's license is subject to disciplinary action under Code section  
11 2761, subdivision (a), on the grounds of unprofessional conduct, as defined in section 2762,  
12 subdivision (e), for falsifying, or making grossly incorrect, grossly inconsistent or unintelligible  
13 entries in patient and hospital records as set forth more fully in paragraphs 18 through 29  
14 above and incorporated herein by reference. Respondent withdrew medications from SureMed  
15 without physician orders or inconsistent with physician orders and failed to account for the  
16 administration and/or wastage of the medications.

### 17 **FOURTH CAUSE FOR DISCIPLINE**

#### 18 **(Unprofessional Conduct)**

19 32. Respondent's license is subject to disciplinary action under Code section  
20 2761, subdivisions (a) and (d), for unprofessional conduct as set forth more fully in paragraphs  
21 18 through 31 above and incorporated herein by reference.

### 22 **PRAYER**

23 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
24 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

25 1. Revoking or suspending Registered Nurse License Number 436911, issued  
26 to Shanda Jo Turnidge.

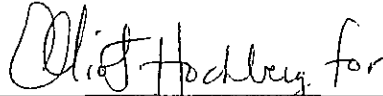
27 2. Ordering Shanda Jo Turnidge to pay the Board of Registered Nursing the

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1 reasonable costs of the investigation and enforcement of this case, pursuant to Business and  
2 Professions Code section 125.3; and

3 3. Taking such other and further action as deemed necessary and proper.

4  
5 DATED: 6/25/07

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7 

8 RUTH ANN TERRY, M.P.H., R.N.  
9 Executive Officer  
10 Board of Registered Nursing  
Department of Consumer Affairs  
State of California

11 Complainant

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